

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 1422-0709PUS1																																											
Application No. 10/568,745 - Conf. #6655	Filing Date February 21, 2006	Examiner Z. SKELDING	Art Unit 1644																																											
Applicant(s): Mitsuko IDENO et al.																																														
Invention: PROCESS FOR PRODUCING CYTOTOXIC LYMPHOCYTES																																														
<p>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-145</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">20</td> <td style="text-align: center;">- 27 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">- 3 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right;"><b>0.00</b></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Large Entity             <span style="margin-left: 300px;"><input type="checkbox"/> Small Entity</span> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> No additional fee is required for this amendment.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.         </div> <div style="margin-top: 10px; display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Marc S. Weiner Attorney Reg. No.: 32181</p> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP 8110 Gatehouse Road, Suite 100 East P.O. Box 747 Falls Church, VA 22040-0747 United States 703-205-8000</p> </div> <div style="width: 35%; text-align: right;"> <p>Dated: <u>OCT 07 2010</u></p> </div> </div>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	20	- 27 =		x	0.00	Independent Claims	3	- 3 =		x	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					0.00	Other fee (please specify):					0.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
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